PROFILE NUMBER _____

WASTE STREAM IDENTIFICATION DOCUMENT

DATE: _____

A. GENERAL INFORMATION:

Activity:	Building No.	Collection Site No.
Work Center/Shop:	Work Center Phone No.	
Work Center Contact: (Name and Title)		

B. PROCESS INFORMATION: ☐ **NEW WASTE STREAM** ☐ **CHANGE EXISTING PROFILE**

Name of Waste:

Describe details of the process generating the waste:

C. LIST ALL MATERIALS USED IN THE PROCESS AND/OR ATTACH MSDS(S)	(1)	(2)
NSN		
ITEM NAME		
PART NUMBER		
MANUFACTURER NAME		
MSDS NUMBER		

D. GENERATOR'S ESTIMATE OF COMPOSITION

Contents – What is accumulated in the waste container	Estimated % (Range)

E. CERTIFICATION SIGNATURE: I CERTIFY THAT THE WASTE STREAM IS AS DESCRIBED ABOVE.

_____	_____	_____
Print Name	Signature	Date